Seasonal Influenza Vaccine Order Form 2025 – 2026

Facility name: _____ Client ID#: _____

Address: _____
Street # Street Name City

Phone: _____ Fax: _____

Order Instructions:

1. Review your current inventory and include number of doses in stock.
2. Please order **only** a **two-week supply** of Influenza vaccine and reorder as needed.
3. Fax this completed form to **905-546-3472 or email** **publichealth.medorders@hamilton.ca**

Vaccine orders will only be processed when accompanied by the most current 4 weeks of temperature log (including up to present day).

Please use this form for **ALL** influenza vaccine orders

Vaccine Products	Doses in stock	Doses requested
Fluviral and Fluzone® (Trivalent for 6 months and older) **Multi-dose vials 10 doses/vial**		
Fluzone® (Trivalent for 6 months and older) **Pre-filled syringes 10 doses/box**		
Fluzone® High Dose (High-Dose Trivalent for 65 years and older) Pre-filled syringes – 5 doses/box		
Fluad® (Adjuvanted Trivalent for 65 years and older) Pre-filled syringes – 10 doses/box		
Orders will be filled based on product availability and may include both multi-dose vials and prefilled syringes.		

NOTE: Those 65 years of age and older have the option of receiving either Fluzone® High-Dose or Fluad®. Please note that due to the limited supply orders may be adjusted.